

BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF OKLAHOMA

FILED

JUL 27 2020

**INSURANCE COMMISSIONER
OKLAHOMA**

STATE OF OKLAHOMA, ex rel. GLEN)
MULREADY, Insurance Commissioner,)

Petitioner,)

v.)

Case No. 20-0263-DIS

MARY LOUISE BRASIER,)
a resident insurance producer,)

Respondent.)

CONDITIONAL ADMINISTRATIVE ORDER
AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. Glen Mulready, Insurance Commissioner, by and through his counsel, Teresa L. Green, and alleges and states as follows:

JURISDICTION

1. Glen Mulready is the Insurance Commissioner of the State of Oklahoma and is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101, et seq., including the Oklahoma Producer Licensing Act, 36 O.S. §§ 1435.1, et seq.

2. Respondent Mary Louise Brasier ("Respondent") is a resident insurance producer in the State of Oklahoma, license number 79667. Respondent's mailing address of record is 4907 S. Boston Pl., Tulsa, OK 74105-4605.

3. The Insurance Commissioner may place on probation, censure, suspend, revoke, or refuse to issue or renew a license issued pursuant to the Oklahoma Producer Licensing Act and/or may levy a fine not less than \$100.00 nor more than \$1,000.00 for each occurrence of a violation of the Oklahoma Insurance Code. See 36 O.S. § 1435.13(A) and (D).

FINDINGS OF FACT

4. Respondent was issued a resident producer license in the State of Oklahoma.
5. On or about May 21, 2020, the Oklahoma Insurance Department received a complaint from Farmers Insurance that Respondent had converted on or about September 23, 2019, a customer's single premium payment of \$800.00 to her own use.
6. Farmers Insurance also alleges that Respondent replaced funds with a check on or about October 3, 2019, that subsequently bounced for insufficient funds.
7. On or about April 1, 2020, Respondent made a cash payment of \$800.00, which was receipted on the same customer's account.
8. The Insurance Commissioner may impose a civil fine when a licensee improperly withholds, misappropriates or converts any monies or properties received while doing insurance business. *See 36 O.S. § 1435.13(A)(4) and (D).*
9. The Insurance Commissioner may also impose a civil fine when a licensee uses fraudulent, coercive, or dishonest practices, or demonstrates incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere. *See 36 O.S. § 1435.13(A)(8) and (D).*

CONCLUSIONS OF LAW

10. Respondent violated *36 O.S. § 1435.13(A)(4)* by improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business when Respondent converted a customer's insurance premium to her own use.
11. Respondent also violated *36 O.S. § 1435.13(A)(8)* by using fraudulent, coercive, or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility

in the conduct of business in this state or elsewhere when Respondent converted a customer's insurance premium to her own use.

ORDER

IT IS THEREFORE ORDERED by the Insurance Commissioner that Respondent is hereby **fin**ed **ONE THOUSAND DOLLARS (\$1,000.00)** for violations of *36 O.S. § 1435.13(A)(4) and (8)*. The fine is to be paid within **thirty (30)** days and made payable to the Oklahoma Insurance Department. The civil fine shall be paid by money order or cashier's check.

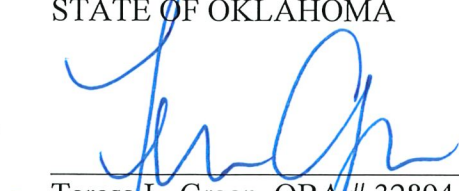
IT IS FURTHER ORDERED, ADJUDGED AND DECREED by the Insurance Commissioner that this Order is a Conditional Order. Unless the Respondent requests a hearing with respect to the Findings of Facts set forth above within thirty (30) days of the date of mailing of this Order, this Order and the penalties set forth above will become a Final Order on the thirty-first (31st) day following the date of mailing this Order. A request for hearing should be in writing addressed to Teresa I. Green, Oklahoma Insurance Department, Legal Division, 400 N.E. 50th Street, Oklahoma City, Oklahoma 73105. The request for hearing must state the grounds for the request to set aside or modify the Order.

Any such hearing will be conducted according to the procedures for contested cases under the Insurance Code and *75 O.S. §§ 250-323*. If the Respondent serves a timely request for hearing on the Oklahoma Insurance Department, this Conditional Order will act as notice of the matters to be reviewed at the hearing, and the Findings of Fact, Conclusions of Law, and penalties imposed in this Conditional Order will be considered withdrawn, pending a final resolution at the hearing.

WITNESS My Hand and Official Seal this 23rd day of July, 2020.



GLEN MULREADY
INSURANCE COMMISSIONER
STATE OF OKLAHOMA



Teresa L. Green, OBA # 32894
Assistant General Counsel
400 N.E. 50th Street
Oklahoma City, Oklahoma 73105
Telephone (405) 521-6654
Facsimile: (405) 522-0125

CERTIFICATE OF MAILING

I, Teresa L. Green, hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed by certified mail, with postage prepaid and return receipt requested, on this 27th day of July, 2020 to:

Mary Louise Brasier
4907 S. Boston Pl.
Tulsa, OK 74105-4605

CERTIFIED MAIL NO. **7019 1640 0001 3037 2967**

and a copy was delivered to:

Licensing Division



Teresa L. Green

U.S. Postal Service™
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Adult Signature Restricted Delivery \$ _____

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City, State, ZIP+4® _____

Mary Louise Brasier
 4907 S. Boston Pl.
 Tulsa, OK 74105-4605
SMS/20-0263-DIS (TLG)/Cond Ord

PS Form 3800, April 2015 PSN 7530-02-000-9053

7019 1640 0001 3037 2967

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>JV</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>S39 C-19</i> C. Date of Delivery <i>7-29-20</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Mary Louise Brasier 4907 S. Boston Pl. Tulsa, OK 74105-4605 SMS/20-0263-DIS (TLG)/Cond Ord</p> </div> <p>9590 9402 5653 9308 8015 30</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 1640 0001 3037 2967</p>	<p>OKLAHOMA INSURANCE DEPARTMENT AUG 03 2020 Legal Division</p>